Phoenix Center
Prevent • Treat • Recover

Adolescent Referral Form

Date of Referral:_____ **Referral Forms can be emailed to:** adolescentreferrals@phoenixcenter.org

Client Name:_____ SS#: _____

Parent/Guardian Name:_____ Parent Phone: _____

Referring Agency:_____ Referring Agent/Phone: _____

Reason for Referral: _____

Please list any pending charge(s): _____

Court Ordered: No Yes (attach copy of court order) Date of Birth: _____

Please check the appropriate boxes for recommended services:

☐ **AOD Assessment** ☐ **Behavioral/Mental Health Assessment** ☐ **Anger Management** ☐ **BRIDGE**

You are being referred for an assessment with The Phoenix Center. Assessments are offered Monday through Friday. You must present this form to The Phoenix Center staff upon arrival. You must be on time for your appointment.

Address: **1400 Cleveland Street, Greenville, SC 29607**

Please call (864) 419-2964 to schedule your appointment on or before: _____

Please bring the following to your appointment:

1. Photo Identification (school ID, driver's license, state ID, photo ID bank card, etc. will be accepted).
2. Parent/legal guardian MUST accompany client to this initial appointment to complete paperwork and speak with counselor about client services.
3. Please bring your Medicaid and/or Insurance card(s) and your Social Security Card to this initial appointment.

Complete section below for Drug Screen ONLY:

☐ **6-panel Instant Drug Screen** (METH/THC/AMP/COC/OPI/PCP) **Fee: $20**

☐ **8-panel Lab Drug Screen** (ALC/AMP/BAR/BZO/COC/OPI/PCP/THC) **Fee: $35**

You must appear for your drug test on: _____

Please bring the following to your appointment:

1. Photo Identification (school ID, driver's license, state ID, photo ID bank card, etc. will be accepted).
2. If client is under the age of 16, a parent/legal guardian must accompany client.
3. **If you are being referred for a drug screen only, payment for the drug screen must be made before screen is completed.**

Address: **1400 Cleveland Street, Greenville, SC 29607**
Drug Screen Hours: **Monday thru Thursday 8:30 – 4:30PM and Friday 8:30 – 1PM**

Please contact the front desk at (864) 467-3737 if you need to schedule a drug screen outside our normal hours listed.

I understand that test results will be handled in a confidential manner. I agree to sign a release of confidential information at time of testing for the test results to be released and forwarded to the referring agency.

PO Box 1948 ▪ Greenville, SC 29602 ▪ 864.467.3790 ▪ phoenixcenter.org
The Greenville County Commission on Alcohol and Drug Abuse